

Arizona Department of Environmental Quality
Monthly Report for Direct or Conventional Surface Water Treatment
Individual Filter Turbidity

[_ / _ / _ / _ / _] [_____] [_____] [_____]
System ID System Name Plant ID Month Year

*Yes _____ No _____ Was the plant in operation during the month being reported?

*Yes _____ No _____ Was continuous individual filter monitoring and 15 minute recording conducted on all operating filters?

*Yes _____ No _____ Was there a failure in the continuous filter monitoring or 15 minute recording equipment that lasted 4 or more hours (i.e. 16 or more continuous filter turbidity readings/recordings missed due to equipment failure) during the month? **If Yes**, indicate the date(s), duration, and individual filter grab sampling frequency on a separate sheet.

Individual Filter Event Did any individual filter exceed:

*Yes _____ No _____ **A.** 1.0 NTU in two consecutive measurements taken 15 minutes apart? **If yes**, complete the table below and indicate required follow-up status (i.e. Filter Profile).

*Yes _____ No _____ **B.** 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? **If yes**, complete the table below and indicate required follow-up status (i.e. Filter Profile).

*Yes _____ No _____ **C.** 1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? **If yes**, complete the table below and indicate required follow-up status (Individual Filter Self-Assessment).

*Yes _____ No _____ **D.** 2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? **If yes**, complete the table below and indicate required follow-up status (Comprehensive Performance Evaluation CPE).

Filter Number	Individual Filter Event (A, B, C, D)	Date	Time	Turbidity Measurement (NTU)	Follow-up Action Taken Y/N ⁺

Attach additional table if necessary. ⁺If filter profile was not completed for A or B, attach explanation.

Yes _____ No _____ Was an event reported for any individual filter listed in the table on page 1 during the previous month? **If yes**, which plant and filter(s)? _____

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorizer Name: [_____] Signature: [_____]

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